

## *“Early Psychological Intervention Points of Consensus Document”*

The National Voluntary Organizations Active in Disaster (NVOAD) Emotional and Spiritual Care Committee convened the American Red Cross, International Critical Incident Stress Foundation (ICISF), National Organizations for Victims Assistance (NOVA), and the Salvation Army, as the Early Psychological Intervention Subcommittee, to learn what each organization does, how to promote shared practices and communications and increase collaboration and partnership throughout their networks and stakeholders. After many months of constructive dialogue and interaction, the group later came up with the term, *Early Psychological Intervention* to inclusively identify what these four agencies collectively provide and what, in turn, would become the name of the subcommittee, Early Psychological Intervention (EPI) and the *“Early Psychological Intervention Points of Consensus Document”*.

At the recent National Voluntary Organizations Active in Disaster (NVOAD) annual Conference in Denver, Colorado, June 20 -24, 2005, this ground breaking consensus document was reviewed and approved by its Board of Directors.

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### **National Voluntary Organizations Active in Disaster**

*Cooperation, Communication, Coordination, Collaboration in Disaster Response*

Early Psychological Intervention Subcommittee:  
American Red Cross, International Critical Incident Stress  
Foundation, National Organization for Victim Assistance, The  
Salvation Army, with representation from NVOAD Emotional and  
Spiritual Care Committee

### **Introduction**

In January 2003, NVOAD convened a gathering of organizations that provide early psychological intervention training and/or services as an important

component of their respective programs. In the spirit of the NVOAD “Four C’s” (Cooperation, Communication, Coordination and Collaboration), the American Red Cross, the International Critical Incident Stress Foundation, National Organization for Victims Assistance, and the Salvation Army came together to learn what each organization does, how to promote shared practices and communications and increase collaboration and partnership throughout their networks and stakeholders.

### **Points of Consensus:**

- I. Early Psychological Intervention is valued
- II. EPI is a multi-component system to meet the needs of those impacted
- III. Specialized training in early psychological intervention is necessary
- IV. EPI is one point on a continuum of psychological care. This spectrum ranges from pre-incident preparedness to post-incident psychotherapy, when needed
- V. Cooperation, communication, coordination and collaboration are essential to the delivery of EPI

### **Elaboration of the 5 Points of Consensus:**

- I. **Early Psychological Intervention (EPI) is valued.**
  - A. EPI refers to a body of psychological interventions designed to mitigate acute distress while not interfering with natural recovery processes
  - B. Where there is a need for physical disaster response services, there is a potential need for psychological disaster services
  - C. EPI is a valuable contribution along the continuum of disaster response services
  - D. EPI is not psychotherapy, nor a substitute for psychotherapy
- II. **Early psychological intervention is a multi-component system designed to meet the needs of those impacted. Specific early psychological interventions should be included in any disaster response initiative. A list of these interventions includes, but not limited to, those below:**
  - A. Pre-incident training
  - B. Incident assessment and strategic planning
  - C. Risk and crisis communication
  - D. Acute psychological assessment and triage
  - E. Crisis intervention with large groups
  - F. Crisis intervention with small groups

- G. Crisis intervention with individuals, face-to-face and hotlines
- H. Crisis planning and intervention with communities
- I. Crisis planning and intervention with organizations
- J. Psychological first aid
- K. Facilitating access to appropriate levels of care when needed
- L. Assisting special and diverse populations
- M. Spiritual assessment and care
- N. Self care and family care including safety and security
- O. Post incident evaluation and training based on lessons learned

### **III. Specialized training in EPI is necessary.**

- A. Fundamental understanding of National Incident Management System (NIMS), Incident Command System (ICS) (reporting relationships; how EPI fits within disaster response operations; collaborative relationships; accountability for deployment)
- B. Pre-incident training
- C. Incident assessment and strategic planning
- D. Risk and crisis communication
- E. Acute psychological assessment and triage
- F. Crisis intervention with large groups
- G. Crisis intervention with small groups
- H. Crisis intervention with individuals, face-to-face and hotlines
- I. Crisis planning and intervention with communities
- J. Crisis planning and intervention with organizations
- K. Psychological first aid
- L. Facilitating access to appropriate levels of care when needed
- M. Assisting special and diverse populations
- N. Spiritual assessment and care
- O. Self care and family care including safety and security
- P. Post incident evaluation and training based on lessons learned
- Q. Commitment to ongoing continued education and training, team/organizational involvement

- IV. **Early psychological intervention is one point on a continuum of psychological care.** This spectrum ranges from pre-incident preparedness to post-incident psychotherapy, when needed.
- V. **Cooperation, communication, coordination and collaboration are essential to the delivery of early psychological intervention.** Consistent with the NVOAD values, organizations that provide EPI will demonstrate:
- A. Cooperation: that is, encouraging the formation and utilization of functional partnerships
  - B. Communication: that is, the regular sharing of information
  - C. Coordination: that is, maximize the resources and minimize the redundancy in a noncompetitive atmosphere
  - D. Collaboration: that is, working together to achieve the best outcome for those impacted by disasters

These recommendations were unanimously approved by the subcommittee members on May 27, 2005:

- NVOAD Emotional and Spiritual Care Committee - Johanna Olson – subcommittee chair
- American Red Cross - Susan E. Hamilton, Ph.D., Rev. Earl Johnson, M.Div.
- International Critical Incident Stress Foundation – George S. Everly Jr., Ph.D., Chief Donald Howell, Ken Bohn
- National Organization for Victim Assistance – Cheryl Guidry Tyiska
- The Salvation Army – Rev. Kevin Ellers, M.Div.

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You may request an additional explanation of the document and process by contacting me. I also would be interested in hearing any constructive comments about this consensus document so that I may share those with the sub-committee. [dhowell@icisf.org](mailto:dhowell@icisf.org)